

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041603

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

652

FILED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Columbia

Length of stay in 1b

3 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Boone County

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Boone

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN Sturgeond. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Charles

Middle

Leslie

Last

Harper

4. DATE
OF DEATH

Month

Day

Year

Nov.

19

1962

5. SEX

Male

Caucasian

6. COLOR OR RACE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1/15/1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Banker

10b. KIND OF BUSINESS OR INDUSTRY

Banking

11. BIRTHPLACE (City and state or country)

Lincoln County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Allen Harper

13b. MOTHER'S MAIDEN NAME

Elizabeth Walton

14. NAME OF HUSBAND OR WIFE

Ruth Duncan Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

No

17. INFORMANT

Address

Mrs. C.L. Harper, Sturgeon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of stomach, metastatic

INTERVAL BETWEEN
ONSET AND DEATH

4 mos.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1959

to 19 Nov 62

and last saw him alive on 18 Nov 62

Death occurred at

2:56 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Roland P. Jaden MD

22b. ADDRESS

Columbia Mo.

22c. DATE SIGNED

20 Nov 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Nov. 21, '62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope

23d. LOCATION (City, town, or county)

Sturgeon, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Due to Meador Sturgeon, Mo Nov 20 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

NOV 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bill E. Meador

Licensed Embalmer No.

4876

P. O. Address

Sturgeon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.